

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2015
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MC MINNVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X6) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation (#34149) were conducted from March 30, 2015, through April 1, 2015, at NHC Healthcare, McMinnville. No deficiencies were cited in relation to complaint (#34149) under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000	F371, SS=F		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on facility policy, observation and interview, the facility failed to maintain sanitary conditions in one of one kitchen and failed to document the monitoring of temperatures for one of one walk-in refrigerator and one of one walk-in freezer. The findings included: Review of the untitled facility policy revealed, "...HAIR NETS OR CAPS MUST BE WORN AT ALL TIMES IN THE KITCHEN. (COMPLETELY COVERING THE HAIR)..."	F 371	What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice? Current temperatures for both the walk-in cooler and walk-in freezer were observed and found to be within proper temperature ranges. These temperatures were recorded in temperature logs. All Dietary personnel were observed and instructed on proper fitting hair coverings to be completely covering all hair. Completed on 3/30/15. How will you identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken? On 3/30/15 the Dietary Manager began a temperature log for both the walk-in cooler and walk-in freezer. Current temperatures were recorded. All coolers and freezers in the center were checked for proper temperature readings and the recording in temperature logs. Dietary personnel were instructed and observed to have properly fitted hair nets to 'completely cover the hair'. Completed 3/30/15. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Dietary personnel were in-serviced on 3/31/15 for proper fitted hair coverings and all staff in-serviced on use of proper fitted hair coverings by 5/15/15. Dietary personnel were in-serviced on 3/31/15 for proper reading of cooler and freezer temperatures and the recording of those temperatures in provided temperature logs.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	<p>Continued From page 1</p> <p>Observation and interview during the initial tour of the kitchen, with the Dietary Manager on 3/30/15, at 9:20 AM, revealed one walk-in refrigerator and one walk-in freezer. Further observation revealed the freezer and refrigerator both had internal and external temperature thermometers. When the Dietary Manager was asked for documentation of the monitoring of the freezer and refrigerator temperatures, she replied "We check the temperatures everyday but we don't record the temperatures." Further interview confirmed the facility failed to maintain temperature control logs for the walk-in refrigerator and walk-in freezer.</p> <p>Continued observation during initial tour revealed Dietary Staff #1 during food preparation, with her hair exposed from her forehead to mid-crown.</p> <p>Interview with the Dietary Manager, on 3/30/15, at 11:30 AM, in her office, confirmed Dietary Staff #1 had failed to completely cover her hair while in the kitchen. Continued interview confirmed the facility had failed to maintain sanitary conditions in the kitchen.</p>	F 371	<p>F371, Continued.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur? Beginning 4/6/15 the Dietary Manager will QA the proper recording and existence of temperature logs on all freezers and coolers in the center weekly for four weeks, and then monthly for four months or until substantial compliance is achieved. Beginning 4/6/15, the Dietary Manager will monitor proper hair coverings in the kitchen area weekly for four weeks and then monthly for four months or until substantial compliance is achieved. QA Monitor results will be reported to the QA Committee consisting of the Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing. QA Monitor will continue as directed by the Quality Assurance Committee.</p> <p style="text-align: right;">Completed</p>	5/15/15.	